



Pharmacist FAQ: New Limits on Prescription Opioids for Acute Pain

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The State of Ohio has rules for prescribing opioid analgesics for the treatment of acute pain. Ohio also implemented rules for the treatment of chronic pain using opioids. More information can be accessed here: <https://med.ohio.gov/Overview-Regulations-for-Chronic-and-Subacute-Opioid-Prescriptions>

In general, the rules limit the prescribing of opioid analgesics for acute pain, as follows:

1. No more than seven days of opioids can be prescribed for adults.
2. No more than five days of opioids can be prescribed for minors and only after the written consent of the parent or guardian is obtained in accordance with section 3719.061 of the Revised Code. A guidance document (that includes exemptions to the consent requirements) can be accessed [here](#).
3. Health care providers may prescribe opioids in excess of the day supply limits only if they provide a specific reason in the patient's medical record.
4. Except as provided for in the rules, the total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day.
5. The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction.
6. The rules apply to the first opioid analgesic prescription for the treatment of an episode of acute pain.
7. The rules do not apply to inpatient prescriptions as defined in [rule 4729-17-01 of the Administrative Code](#).

NOTE: The rules do not apply to veterinarians.

A guidance document and links to the rules for prescribers can be accessed here: www.pharmacy.ohio.gov/AcuteLimits

Rule 4729-5-30 – Manner of Issuance

- Rule [4729-5-30](#) requires prescribers to include the first four alphanumeric characters (ex. M16.5) of the diagnosis code (ICD-10) or the full procedure code (Current Dental Terminology - CDT) on **all** controlled substance prescriptions, which will then be entered by the pharmacy into OARRS.
- Rule [4729-5-30](#) also requires prescribers to indicate the days' supply on all controlled substance and gabapentin prescriptions.



- **NOTE:** These requirements do not apply to veterinarians.
- For more information on prescription issuance requirements, visit: www.pharmacy.ohio.gov/rx.

For questions regarding the rules, please review the following frequently asked questions document. If you need additional information, the most expedient way to have your questions answered will be to e-mail the Board office by visiting:

<http://www.pharmacy.ohio.gov/contact.aspx>.

Frequently Asked Questions

Q1) Will pharmacists be required to enforce the acute pain prescribing limits?

No. The responsibility of adhering to the limits is the responsibility of the prescriber. *Pharmacists should be aware that there are exceptions to the rules and therefore there is no expectation that pharmacists enforce the limits.*

Q2) Do the limits apply to the use of opioids for chronic pain?

No. The limits only apply to the treatment of acute pain. For chronic pain, prescribers should adhere to the [Ohio's chronic pain prescribing rules](#). It should be noted that a diagnosis or procedure code is still required on opioid prescriptions even if the patient is being treated for a condition resulting in chronic pain.

Q3) What is an ICD-10 diagnosis code?

The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures.

The codes can be up to seven characters long, however, rule [4729-5-30](#) only requires the prescriber to include the first four alphanumeric characters of the code. All ICD-10 codes begin with a letter followed by a series of digits. Some examples that may be included on a prescription include:

- S88.0 - Traumatic amputation at knee level
- G89.3 - Neoplasm related pain (acute) (chronic)
- S52.5 - Fracture of lower end of radius

NOTE: The description of the code is not required.

Q4) What is a Current Dental Terminology (CDT) procedure code?

CDT is a code set with descriptive terms developed and updated by the American Dental Association (ADA) for reporting dental services and procedures to dental benefits plans. The codes

are five characters long and begin with the letter D. Some examples that may be included on a prescription include:

- D7111 - extraction, coronal remnants - deciduous tooth
- D6010 - surgical placement of implant body: endosteal implant
- D0600 - non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum

NOTE: The description of the code is not required.

Q5) Can I dispense a prescription if it does not contain a diagnosis or procedure code?

Yes. While a pharmacist has the option to call a prescriber to obtain the code, paragraph (K) of rule [4729-5-30](#) does permit the processing of a prescription without the diagnosis code. Per rule [4729:8-3-02](#), if the code is not provided the pharmacy must indicate "NC" when reporting the diagnosis or procedure code to OARRS.

Q6) If the prescriber provides the full ICD-10 code (not just the required first four characters), should the entire code be reported to OARRS?

While more detail is beneficial, a pharmacy is only required to report the first four alphanumeric characters of the ICD-10 code.

Q7) Can I dispense a prescription if it does not contain the days' supply (i.e. the prescription still indicates PRN or "as needed")?

Yes. While a pharmacist has the option to call a prescriber to obtain the days' supply, paragraph (K) of rule [4729-5-30](#) does permit the processing of a prescription without the prescriber indicating the days' supply of the prescription. In that specific instance, the pharmacy should follow the requirements in rule [4729:8-3-02](#) for reporting the days' supply.

Q7) How is acute pain defined?

Acute pain is defined in each prescriber regulatory board rule as follows:

Pain that normally fades with healing, is related to tissue damage, significantly alters a patient's typical function and is expected to be time limited.

Q8) Does the requirement to include the diagnosis code apply to inpatient orders at an institutional facility?

No. Inpatient orders for institutional facilities are governed by rule [4729-17-09](#) of the Ohio Administrative Code.